

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM640888

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Viva 5 Corporation		02/23/2021	Corporation:
RECEIVING PARTY DATA			
Name:	Viva 5, LLC		
Street Address:	239 2nd Ave. S., Suite 200		
City:	St. Petersburg		
State/Country:	FLORIDA		
Postal Code:	33701		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 10			
Property Type	Number	Word Mark	
Registration Number:	5628270	VITABURST	
Serial Number:	88297323	HAPPY TAILS	
Registration Number:	6195844	BCPRO	
Registration Number:	6195845	BCPLUS	
Serial Number:	88641750	TRU FRU	
Serial Number:	88865579	FRUPLY	
Serial Number:	90027277	GROWVE	
Serial Number:	90420230	SAYLESS	
Serial Number:	88773763	FRUITOLOGY	
Serial Number:	88773765	FRUITOLOGY GUMMIES	
CORRESPONDENCE DATA			
Fax Number:	9545074502		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	9545074500		
Email:	Info@JohnsonDalal.com		
Correspondent Name:	Mark C. Johnson		
Address Line 1:	111 N. PINE ISLAND ROAD		
Address Line 2:	SUITE 103		
Address Line 4:	Plantation, FLORIDA 33324		

OP \$265.00 5628270

NAME OF SUBMITTER:	Mark C Johnson
SIGNATURE:	/Mark C. Johnson/
DATE SIGNED:	04/21/2021
Total Attachments: 9 source=Assignment_NameChange_File#page1.tif source=Assignment_NameChange_File#page2.tif source=Assignment_NameChange_File#page3.tif source=Assignment_NameChange_File#page4.tif source=Assignment_NameChange_File#page5.tif source=Assignment_NameChange_File#page6.tif source=Assignment_NameChange_File#page7.tif source=Assignment_NameChange_File#page8.tif source=Assignment_NameChange_File#page9.tif	

L21000023751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

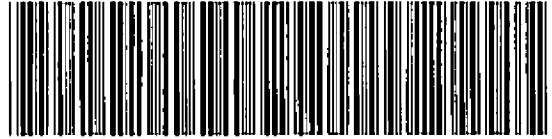
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/23/21--01011--022 **25.00

21 FEB 23 PM 12 45

2021 FEB 23 AM 10:22
STATE
OFFICE

ED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VIVA 5, LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

TRADEMARK

REEL: 007265 FRAME: 0317

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Viva 5, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 25, 2021 and assigned Florida document number L21000023751

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NATHAN WARD	525 S. Flagler Drive, Suite 201 West Palm Beach, FL 33401	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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